

**The Graduates of Smaller Colleges of Former Days.**—Looking backward, however, it is to be noted that those were days when the graduate of a smaller or proprietary medical school was apt to be looked upon somewhat askance, or as one of a group of practitioners whose authority of licensure went far to lower the tone of medical standards; and this opinion held with many, in spite of the fact that many eminent in medicine had been, and were, graduates of just such small institutions—their mental capacity and love of the art ultimately giving this group a place, side by side, with leaders in the profession whose undergraduate years had been spent in more favored university schools. It is true that during the last twenty-five years the standards of medical education have been greatly advanced, so that the graduates of today go forth with far more science at their command than their predecessors of two or more decades ago. Yet, in the practice of medicine, mere knowledge of facts is not the end, an equally important element being the capacity to think clearly and to apply the knowledge possessed in logical, scientific manner, and with true art.

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**More Than Professional Training Alone Is Needed to Produce the True Physician.**—It must be remembered that every medical student and physician is himself, before he is a doctor of medicine, and that no matter what knowledge he may acquire, his basic character will temper his professional work and tone. When then, occasionally, a licensed practitioner, who has had excellent professional training, places commercialism before service (as is manifested, for instance, in fees so high that they are out of all proportion to those asked by colleagues of equal ability, and for services of a similar nature), a real hurt is done to the medical profession of the community in which the offending individual practices; and for an older practitioner to commit such an act only makes the offense the greater. In view of the damage done to medicine by individuals having these supercommercialistic tendencies, it may be asked whether it would not have been better had they never taken up the practice of medicine, but used all their talents in the business world, where search for profits is not associated with a profession inspired by altruistic obligations; and, also, whether such physicians have not done more to lower the esteem in which the medical profession was held in former years than did, in earlier days, the graduates of small proprietary medical schools (whose places in both rural and urban centers have been taken by cultist practitioners).

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**A Case in Point.**—These reflections are engendered by a recent newspaper item concerning a licensed physician in California who sent a well-known actor a statement for medical services, and demanded in excess of ten thousand dollars; and when the patient refused to pay, the physician entered suit, with the result that the newspapers promptly played up the item for the edification of

their readers. Immediately, and on all sides, were heard words of condemnation for the physician who had rendered the bill. And what made the case, from the standpoint of organized and scientific medicine, the more deplorable, was the fact that the medical man who rendered the twelve-thousand-dollar statement was cited several years ago to appear before the State Board of Medical Examiners (subsequent to a court trial on a narcotic charge that then received much publicity in the newspapers), when the Board, after its hearing, revoked his license. As might be expected, the physician thereupon appealed to the Superior Court, only to have the Court sustain the Board of Examiners, although later the Board, in 1934, restored the practitioner's license while placing him on probation with certain stipulations; which restrictions, at the time this is written, stand. And now comes this later exploitation of a fee of some twelve thousand dollars, which this same physician construed as a proper return for the care of a patient through an illness of not over-great duration. Here, surely, is an instance where it is impossible to estimate the damage done by the wrong kind of publicity!

**Other State Association and Component County Society News.**—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 267.

## EDITORIAL COMMENT†

### THE TREATMENT OF HEMORRHAGIC DISORDERS\*

The diagnosis of hemorrhagic disorders involves a careful study of the capillaries, the plasma, and the platelets. Abnormal bleeding is due to disturbances in capillary permeability with or without alterations in the plasma or platelets. Rational treatment depends upon the proper assessment of the part played by each factor in abnormal bleeding.

Clinically, hemorrhagic disorders may be divided into two main classes, hemophilia and purpura.

In hemophilia the primary fault is in the plasma. The platelets fail to lyse readily. Extravasation of blood occurs when the capillary permeability is increased. This usually follows upon trauma.

Purpura is divided into hemorrhagic purpura, characterized by the escape of whole blood from blood vessels and mucous membranes, and anaphylactoid purpura, characterized by diffuse bleed-

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TABLE 1.—Findings in Certain Hemorrhagic Diseases

	Capillary Resistance	Bleeding Time	Coagulation Time	Clot Retractility	Platelets Numbers	Platelets Lysis
Thrombopenic purpura .....	Diminished	Prolonged	Normal	Poor	Diminished	Normal
Non-thrombopenic purpura..	Diminished	Prolonged	Normal	Poor	Normal	Normal
Thrombasthenic purpura .....	Diminished	Prolonged	Normal	Poor	Normal	Increased
Pseudothrombophilia .....	Normal	Intermittently prolonged	Normal	Occasionally poor	Normal	Normal
Hemophilia .....	Normal	Normal	Prolonged	Normal	Normal	Diminished

ing from mucous surfaces, ecchymoses, and swellings containing plasma. Purpura of any type may or may not be associated with a diminution of platelets.

*Findings in Certain Hemorrhagic Diseases.*—These are outlined in Table 1.

**The Capillaries.**—Capillary permeability is increased in certain allergic conditions: vitamin B and C deficiency; infections, especially those due to streptococci; chemical poisoning due to drugs having a vasculotoxic effect, *i. e.*, arsenic, benzol, gold, benzamins; after large doses of venom; and in hereditary defects of the vascular endothelium.

Capillary permeability may be altered by immunization with moccasin snake venom; administration of calcium and parathormone; induced hypersensitivity to hen or sheep sera; intravenous administration of cevitimic acid; and by the intramuscular administration of antivenin.

**The Plasma:** Bleeding is favored when the plasma is deficient in prothrombin, fibrinogen, or calcium. When blood is shed, the thrombokinase liberated by disintegrating platelets assists in the formation of the thrombin clot. Only a few platelets are necessary for the coagulation of blood, but many are needed in order to have proper clot retraction.

Prothrombin and fibrinogen may be altered by diets high in protein and fat. Transfusions, intramuscular whole blood, styptysate, and the parenteral inoculation of various blood sera alter the plasma in such a way as to inhibit bleeding. Exposure to x-ray acts similarly.

For local bleeding, the usual hemostatics, adrenalin on cotton, fresh blood on cotton, the application of fresh muscle tissue, styptysate, fibrinogen, thromboplastin, and cobra venom, are at times effective.

**The Platelets:** The problem of the genesis and function of the platelets is not yet settled. In normal blood their numbers vary from 150 to 900 thousand per cubic millimeters, depending upon the method used in counting them. It has been stated that they represent the remains of intravascular debris derived from the breakdown of blood cells and vascular endothelium. They are a source of thrombokinase, and act as a cement substance to barrier the flow of blood through pathologically permeable capillaries.

The platelets may be increased after transfusion, intramuscular inoculation of whole blood, autohemotherapy, inoculation of foreign protein,

ultra-violet irradiation, exposure to x-ray, and splenectomy.

In emergencies, transfusions or the intramuscular inoculation of whole blood offer the best means for controlling hemorrhage.

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Individuals, sometimes getting out of patience with our complex modern life, would return to a simple order of things. Rousseau advocated going back to nature, urging people to lay aside artificiality and compose themselves in a kind of primitive state. His plan was admired, widely discussed, but not put into practice; for society, like time, never moves backward. We can no more return to an earlier condition than the old can become young. Reform, as well as development, goes forward. The car of civilization ascends or descends, but has no reverse gear.

*Treatment of Obesity in Children.*—Mallam is convinced that dieting is the keystone to treatment in almost all cases of obesity in children, but before prescribing a system of diet a careful family history and knowledge of conditions under which the child is being reared must be obtained. Obesity beginning in childhood often gives rise to endocrine trouble later on, and when one finds a strong dominant obesity factor in the family, one should always be prepared to face a more difficult task than in a purely fortuitous case arising from normal stock. Even then, however, a cure, permanent and complete, can be obtained in the majority of cases by simple measures. The treatment must be explained carefully to the child and need not be elaborate. A simple practice is to weigh and measure the child and give it a diet based on the calculated basal requirements for this particular height and size. This is merely a beginning figure, and it may be necessary either to add to or subtract from the initial starting point. The question of the fluid intake is of considerable importance. If these children are counseled to drink early in the morning and then to try not to drink at all through the day, this is often a great help in reducing weight. Appetite is largely a question of satiation, and these children must be schooled to eat slowly. Salt and sugar should be cut down to a minimum. Many children appear even fatter than they are because of postural defects. Exercises devoted to training the recti abdominis and correcting any possible lordosis and to making them stretch their overloaded limbs are all valuable. Such exercises are always more effective under trained supervision and are usually better done in a class of several children. Some sort of abdominal support employed temporarily often gives considerable help. At the same time strengthening exercises are absolutely essential, for without them one must either rely on artificial means or face a serious chance of visceroptosis. If a child loses weight consistently under treatment, the treatment is being overdone. If one treats an overweight child of ten years and at twelve the child weighs the same, one should realize that a great deal has been achieved.—*Clinical Journal* (London).